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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE****PATENT APPLICATION**

Applicant: **Giammarresi**
Case no.: **DIVA/047**
Serial No.: **09/458,897** Filed: **12/10/99**
Group Art Unit: **2611** Confirmation #: **9422**
Examiner: **Murphy, Timothy M.**
Title: **METHOD AND APPARATUS OF LOAD SHARING AND
FAULT TOLERANCE IN AN INTERACTIVE VIDEO
DISTRIBUTION SYSTEM**

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Name Signature/Date

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RESPONSE UNDER 37 C.F.R. 1.111

In response to the non-final Office Action mailed June 18, 2004, please amend the above-identified patent application as follows.

Although Applicant does not believe that any fee is due in connection with this response, the Commissioner is authorized to charge any fees due, including excess claim and extension fees, to Deposit Account 20-0782/TVG/047.

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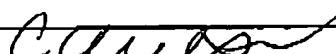
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/458,897
	Filing Date	12/10/99
	First Named Inventor	Giammarresi
	Art Unit	2811
	Examiner Name	Timothy M. Murphy
Total Number of Pages in This Submission	Attorney Docket Number	TVG/047

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP
Signature	
Date	9/15/04

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